



**DEPARTMENT OF PUBLIC WORKS**

**Streets, Sewers, Shade Tree,  
Water, Recycling, Engineering**

COMMISSIONER  
**RICHARD L. JARVIS, SR.**

SUPERINTENDENT, C.P.W.M.  
**RICHARD C. GRESS**

OFFICE ADMINISTRATOR  
**KRYSTIN D. ABRUSCATO**

**Request for Water/Sewer Cut Off of Service**

**Requested By:**

\_\_\_\_\_

**Address of Service Cut Off:**

\_\_\_\_\_

**Phone #:** \_\_\_\_\_ **Fax #:** \_\_\_\_\_

*Type of Service Cut Off:*

**Water:**  **Sewer:**

**Paid:**  **Cash**  **Check #** \_\_\_\_\_

**Fee:** **\$100.00 Non-Refundable**

Upon completion of the Service Cut Off, a signed copy of this form shall be forwarded to the Construction Department and to the party whom requested the Service Cut Off. No Service Cut Off shall be performed unless payment has been received. Please allow at least (2) weeks for completion of the Service Cut Off.

***-Office Use Only-***

**Date Completed:** \_\_\_\_\_

**Completed by (print):** \_\_\_\_\_

**Completed by (signature):** \_\_\_\_\_